50% (NFHS III) deliveries take place at home. The Government has under the National Rural Health Mission (NRHM) instituted post delivery home visits by the health workers so that timely care can be provided to new borns.

Pesticides in colas

†71. SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether traces of pesticides have been found in large quantities in cold drinks;

(b) whether Government is aware of the advertisements by cola companies which have been endorsed by celebrities claiming these cold drinks to be hundred per cent safe for cola users;

(c) if so, whether Government intend to ban the publication of such misleading advertisements; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The products cold drinks are covered under the Standards of Carbonated Water prescribed under Prevention of Food Adulteration (PFA) Rules, 1995. The standards for carbonated water under the PFA Rules do not prescribe any limits for pesticide residues. However water used in the manufacture of carbonated water is required to conform to the standards of Packaged Drinking water, wherein the limits for pesticide residues have been prescribed. Water comprises approximately 88% of most of carbonated drinks.

Rule 43-A of the PFA Rules, 1955 provides that there shall be no advertisement of any food which is misleading or contravening the provisions of PFA Act, 1954 or the Rules made there under. Violation of any provisions of the PFA Act, 1954 and Rules made there under attracts penal action under the said Act. The PFA Act, 1954 is implemented by the State/UT Governments.

Maternal mortality rate

72. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite rapid economic progress, the country is still far away from the goal of lowering maternal mortality to less than 100 per 100,000 live births which still accounts for 25.7 per cent maternal deaths;

(b) if so, the details of action taken in this regard particularly in rural areas; and

(c) what is maternal and child mortality rates in different States and how far National Rural Health Mission has been instrumental in bringing down child and maternal mortality rates in the country?

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†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Based on the official estimates of Registrar General of India (RGI-SRS, 2001-03), published in 2006 the Maternal Mortality Ratio (MMR) for India has shown a substantial decline of 24% from 398 per 1,00,000 live births in 1997-98 to 301 per 100,000 live births in 2001-03.

The National Rural Health Mission (NRHM)(2005-2012), and under its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in child and maternal mortality namely Integrated Management of Neonatal and Childhood Illnesses (IMNCI); New Born and Child Care, both facility based as well as home based; Infant and Young Child Nutrition; Micronutrient supplementation with Vitamin A, Iron Folic Acid; Universal Immunization Programme (UIP); Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationalising Community Health Centers as First Referral Units (FRUs) and Primary Health Centers for 24X7 services; Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; **Provision of Ante-natal and Post Natal Care services**; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health and Nutrition Day at Anganwadi Centers; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women; strengthening of Health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery.

MMR and Child Mortality rate for India and state wise are given at Statement I and II respectively. (*See* below)

It is expected that with the implementation of the various initiatives under NRHM including the technical strategies and the flexibility given to the states to build in innovative interventions, there would be acceleration in the pace of reduction of maternal and child mortality in India.

Statement-I

Details of Maternal Mortality Ratio is India and State-wise

[Source: RGI, (SRS) 2001-03]

Major State	MMR (2001-03)
1	2
India Total*	**301**

1	2
Assam	490
Bihar/Jharkhand	371
Madhya Pradesh/Chhattisgarh	379
Orissa	358
Rajasthan	445
Uttar Pradesh/Uttaranchal	517
Andhra Pradesh	195
Karnataka	228
Kerala	110
Tamil Nadu	134
Gujarat	172
Haryana	162
Maharashtra	149
Punjab	178
West Bengal	194
Others	235

* Includes others

Statement-II

Details of Child Mortality Ratio is India and State-wise

Child Mortality rate (0-4 years)

India/Major States	2006
1	2
INDIA	17.0
Andhra Pradesh	15.2
Assam	19.7
Bihar	18.5
Chhattisgarh	18.4
Delhi	9.3

1	2
Gujarat	16.2
Haryana	16.2
Himachal Pradesh	10.5
Jammu and Kashmir	12.3
Jharkhand	15.4
Karnataka	12.5
Kerala	3.2
Madhya Pradesh	24.3
Maharastra	8.8
Orissa	22.0
Punjab	11.0
Rajasthan	22.4
Tamil Nadu	9.2
Uttar Pradesh	23.9
West Bengal	9.7

Source: RGI, SRS 2007

Vulnerability of HIV/AIDS among the Indians

73. SHRI MOINUL HASSAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Indians are more vulnerable to HIV/AIDS than many other population groups around the world due to gene factor; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) As per information available, there is inadequate scientific evidence to suggest that Indians are more vulnerable to HIV/AIDS than other population groups around the would due to gene factor.

Malnourishment in children

74. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that nearly 57 percent of children under 3 years of age among the urban poor are malnourished;